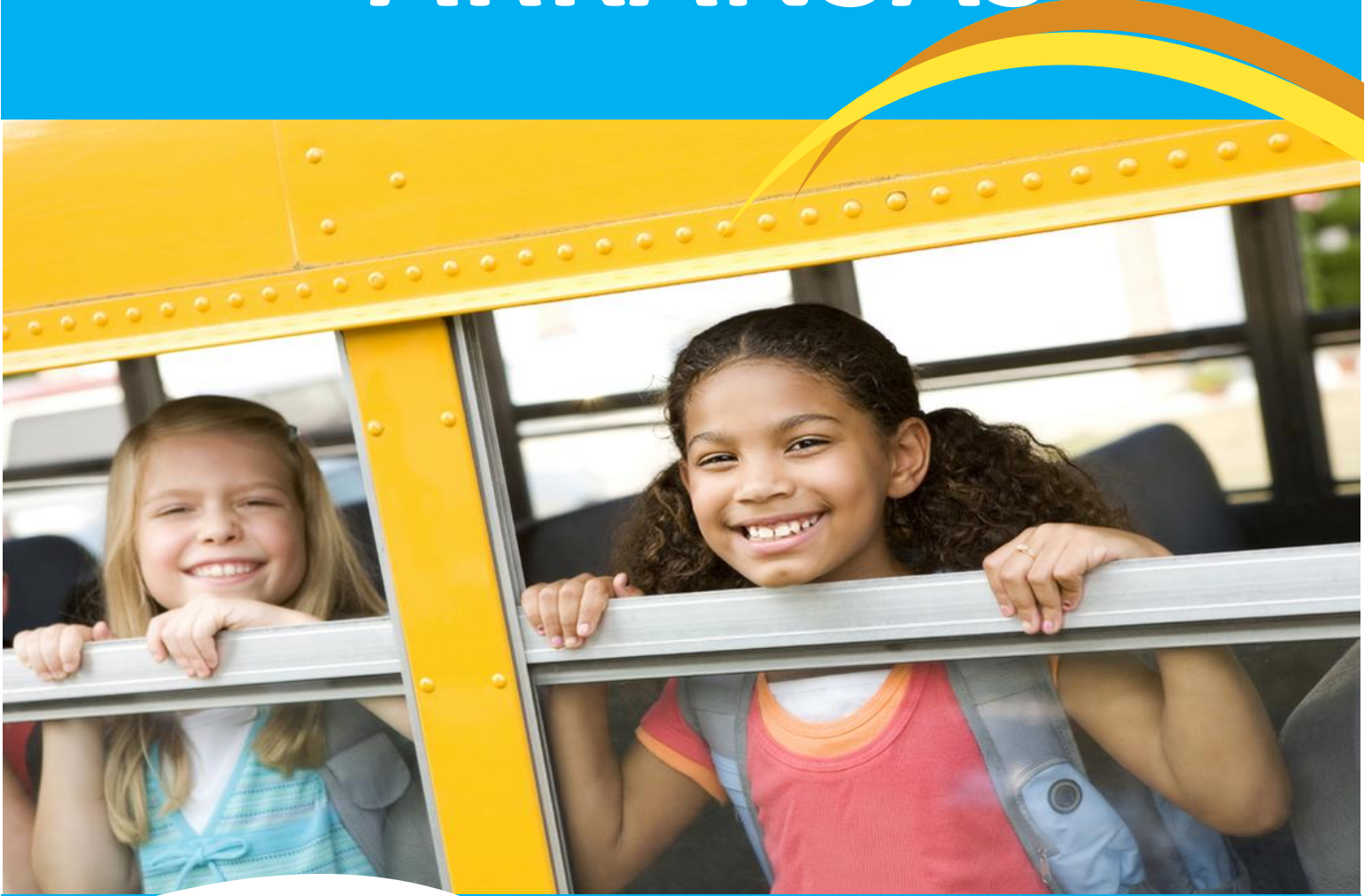


ARKANSAS



School Wellness Committee Toolkit

Reviewed by:
The Arkansas Child Health Advisory Committee
in support of Act 1220 of 2003

May 2013



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Introduction

School wellness committees are organized groups of parents, students, teachers and others that address the health, well-being and academic success of all students. These committees identify health issues and make decisions and recommendations to school boards and school administrators about policies and system changes. School wellness committees help make changes that foster healthy schools and are vital to a successful Coordinated School Health program.

Purpose of the Toolkit

This toolkit was revised for new and existing school wellness committees and is a compilation of existing resources from the ***Arkansas Nutrition and Physical Activity Advisory Committee: A Guide for Schools, Parents and Communities*** and ***The Alliance for a Healthier Generation School Wellness Council Toolkit***; resources and recommendations that derive from scientifically founded national standards.

This toolkit also provides methods on how school wellness committees can maintain momentum and become more sustainable throughout their existence.

Top Three Questions about School Wellness Committees

What exactly is a school wellness committee? It is an advisory group that addresses the health and well-being of students as well as staff. These committees should be formed at the district and/or school building level and typically have 10-20 members, including the key stakeholders identified throughout this document.

Why is there a need for a school wellness committee? This committee provides a way to inform families, teachers, staff and students about health and academic initiatives at school. It is also a way to ensure that district level health policies are implemented and that these committees represent the unique perspective of the community.

What does a school wellness committee do? This committee assesses school health environment, programs and policies and identifies ways to strengthen these to improve the health of students and staff. Some committees also provide advice and expertise to administrators in the building and provide feedback to the district regarding implementation of health related policies.

Source: Alliance for a Healthier Generation- www.healthiergeneration.org/schools



Goals of Act 1220

Change the environment within which children go to school and learn health habits everyday

Engage the community to support parents and build a system that encourages health

Enhance awareness of child and adolescent obesity to mobilize resources and establish support structures.

Part One: Overview of Act 1220 of 2003 and Requirements

Purpose: An Act to create a child health advisory committee (CHAC); to coordinate statewide efforts to combat childhood obesity and related illnesses; to improve the health of the next generation of Arkansans; and for other purposes.

Requirements as Mandated by Act 1220:

- Remove elementary school student access to vending machines offering food and beverages. **ACHIEVED.** *Student access to vending machines in elementary schools was eliminated in 2005.*
- Develop recommendations to ensure that nutrition and physical activity standards are implemented to provide students with the skills, opportunities and encouragement to adopt healthy lifestyles. **ONGOING.** *An initial set of recommendations was developed, submitted and adopted by the Board of Education in 2005. A second set of recommendations was sent in 2008-09 and Board decision is pending.*
- Require schools to include as part of the annual report to parents and the community the amounts and sources of funds received from competitive food and beverage contracts. **ONGOING.** *CHAC is actively working on this requirement.*
- Require schools to annually provide parents an explanation of the possible health effects of body mass index, nutrition and physical activity. **ACHIEVED.** *Body Mass Index (BMI) Screenings were conducted annually in K-12th grades. Act 201 of 2007 changed the periodicity of BMI Screening. Students are now screened beginning with kindergarten and then in even numbered grades; students in grades eleven through twelve (11-12) are exempt. This also parallels with other screenings-vision, hearing and scoliosis. Procedures are in place to ensure privacy and uniformity in measurement. Letters are sent to parents explaining screening results and recommended actions. Parents may opt out of screening for their child.*
- Require every school district to convene a school nutrition and physical activity advisory committee. **ONGOING.** *This requirement has been revised. Every district is required to create a local/district wellness committee.*
- Create the child health advisory committee. **ACHIEVED.** *CHAC is still active in addressing child health.*

Source: Arkansas Department of Health: www.healthy.Arkansas.gov/CHAC/Act 1220 of 2003

Part Two: School Health in Arkansas

What is School Health?

School health includes services and activities in schools that promote healthy development and learning.

Why Do We Need School Health?

Healthy children are better learners. School health reaches nearly all children and improves their chances for success.

In Arkansas:

- 27% of children live in poverty ¹
- 24% of children have a special health care need ¹
- 38% of school children are overweight or obese ²

School health services and programs:

- Increase health care access for vulnerable children ^{3, 4}
- Improve school attendance ^{5, 6}
- Decrease emergency room visits and hospitalizations ⁷
- Decrease health care costs ^{8, 9}
- Increase physical activity and good nutrition ^{10, 11}
- Contribute to declines in obesity prevalence ^{10, 11}



Coordinated School Health (CSH) is a systematic approach that is community-driven, and eliminates gaps in services. The 8 components of the Centers for Disease Control and Prevention model include health services, mental health and social services, nutrition, physical activity, school staff wellness, health education, healthy school environment, and family/community involvement. All school health programs and services in Arkansas fit into at least one of the 8 components of CSH. *55 of 239 AR districts (including public and charter) utilize the CDC CSH model.*

Registered professional **school nurses** provide care for ill and injured children, including those with special health care needs requiring daily complex medical procedures. School nurses also provide health screenings, health education, and lead the health care team. *466 RNs work in 1078 AR schools, covering 1-6 school campuses from 1-30 miles apart.*

School-based Health Centers (SBHCs) provide health care at school and are usually operated as a partnership between the school and a community health organization, such as a community health center, hospital, or local health department. The services vary based on community needs and resources but usually include: physicals, immunizations, care for chronic and acute conditions, substance abuse treatment, dental health, nutrition counseling, and mental health care. *As of May 2013, there were 15 SBHCs in Arkansas serving students, families and staff.*

Part Two: School Health in Arkansas

Sources

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- (8) Adams E, Johnson V, An elementary SBHC: Can it reduce Medicaid costs? *Pediatrics*. 2000, Apr. 105, 780-8.
- (9) Wade T & Guo J. Linking improvements in health-related quality of life to reductions in Medicaid costs among students who use school-based health centers. *Am J Public Health*. 2010, 100(9), 1611-6.
- (10) Veugelers P, and Fitzgerald A, Effectiveness of school programs in preventing childhood obesity: A multilevel comparison. *American Journal of Public Health*. 2005, 95(3) 432-435.
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Committee Membership

Composition (as specified by Act 1220)

PARENTS of a school age child, medically fragile child, special needs, PTA or PTO Representative.

STUDENTS Middle School, Junior High School, High School.

HEALTH Physicians, Dentistry, Mental Health, Public Health, Registered Dietitian, Other Health Professions, Volunteer Health Agencies, Hospitals/Clinics.

COMMUNITY Civic and Service Organizations, Cooperative Extension, Religious Groups, Churches/Synagogues, Human Services, Youth Services, Youth Groups.

EDUCATION School Nurse, School Board Member, Health Teacher, Other Teacher (PE, English, etc.), School Administrator, School Counselor, Food Service Worker, Teacher Organizations, Colleges/Universities, certified and non-certified staff (transportation, custodians, etc.).

OTHER Business, Government Officials, Media, Attorneys, Law Enforcement Officials, Recreation Professionals, and Interested Citizens, Professional Societies, Local Recreational Clubs (running clubs, cycling clubs, etc.).



Part Three: Developing and Sustaining School Wellness Committees

In order to develop and sustain a School Wellness Committee, it is important that these two goals are achieved:

- 1) Become organized prior to developing the committee.
- 2) Assist with the implementation of nutrition and physical activity standards developed by the committee with the approval of the Department of Education and the State Board of Health.

Become Organized. The School Wellness Committee will:

- Help raise awareness of the importance of nutrition and physical activity;
- Assist in writing the Arkansas Consolidated School Improvement Plan (ACSIP) Section on the Wellness Priority Plan each year and assist with completing the School Health Index (SHI); and
- Assist in the development of local policies that address issues and goals, including, but not limited to, the following:
 - a. Integrating nutrition and physical activity into the overall curriculum;
 - b. Ensuring that professional development for staff includes nutrition and physical activity issues;
 - c. Ensuring that students receive nutrition education and engage in healthful levels of vigorous physical activity;
 - d. Improving the quality of physical education curricula and increasing training of physical education teachers;
 - e. Enforcing existing physical education requirements.



Part Three: Developing and Sustaining School Wellness Committees

School Wellness Committee Membership

School Wellness Committee members are committed to quality school health programs for the children of their community. Below are a few attributes of a good committee member:

Demonstrated interest in youth. Individuals who work with scouts, church youth groups, human service agencies, school events, other advisory groups, environmental concern groups, civic clubs, PTAs or business projects are good candidates for membership. They often have a good understanding of the needs of children.

Awareness of the community. When members have a general understanding of the cultural, political, geographic and economic structure of the community, goals are more easily reached.

Professional ability. Individuals with professional training in a youth-related discipline are obvious potential members, as are those employed in human service agencies.

Willingness to devote time. No matter what the person's qualifications and interest in youth, if she or he will not attend meetings and participate in the work of the School District Wellness Committee, it is usually better not to have that person as a member.

Representative of the population. Every community has population segments that are important in the overall functioning of the community. To increase the likelihood of having a School District Wellness Committee that actually represents the community, it is important to consider age, sex, race, income, geography, politics, ethnicity, profession and religion when selecting members.

Credibility of individuals. School districts should appoint to School District Wellness Committee individuals who are respected by those who know them.

Individual characteristics, such as honesty, trustworthiness, dependability, commitment, and ethics, contribute to the character of the School District Wellness Committee.

Selection Process

Committees may obtain members through one of three methods:

Appointment – Committees may consist of individuals who are appointed by school board members to represent them in planning and implementing school health programs.

Election – Committees may consist of individuals who are elected by citizens, school board members or administrators.

Volunteer – Committees may consist of individuals who volunteer to serve. These committees are most often reflective of the diverse views of the community since many segments have the opportunity to serve.

Note: In larger districts, it may be beneficial to have a building coordinator for each campus as well as building-level wellness committees.

Source: Arkansas Nutrition and Physical Activity Advisory Committee: A Guide for Schools, Parents and Communities: www.healthy.arkansas.gov. (CHAC toolkit)

Part Three: Developing and Sustaining School Wellness Committees

Regardless of what procedure is used to acquire new members, the following steps should be taken:

- Membership categories and committee size should be determined. School wellness committees typically have 10 - 20 members at the district level and 5-10 members at the school level. This will vary depending on the size of your school district.
- A diverse group of 3-5 concerned individuals should be used to identify potential members for each membership category.
- The purpose, its general operation, current membership and the time commitment for members should be briefly explained to each identified potential member.
- Final decisions for membership should be made and confirmed with the designated school district contact person.
- Appointment letters should be sent to new members from the superintendent, committee chairperson and/or the school board. The appointment letters should indicate how much the school district values a person's willingness to participate on the School District Wellness Committee. The content of the letter should also refer to the name of the school wellness committee, its purpose, terms of appointment, frequency of meetings, name of the school district contact person and school wellness committee chairperson, if appropriate. Finally the letter should inform the person about the next communication for getting started with the school wellness committee. A sample letter can be found on page 12.

Note: Depending on the size of the school district, the superintendent and school board will delegate these duties to the committee chairperson.

School Wellness Committee Organization Tips

- **Terms of members** - Minimum of 2 years commitment is suggested with renewable option to encourage continuity and enhance committee function. Stagger terms so that rotation occurs for only half the committee each year.
- **Name of the wellness committee** - The name is most likely to be straightforward, simply incorporating the school system's name (i.e., Conway County School Wellness Committee).
- **Officers** (Optional, depending on the school district) - The titles and responsibilities of officers, terms, as well as a brief description of the election, removal and resignation processes should be made known to the Wellness Committee. Generally, the officers will be Chairperson or Co-Chairpersons, Vice-Chairperson, and Secretary. A Treasurer may also be considered an officer depending on the district.
- **Voting procedures** - The voting process to be used at regular meetings and the required quorum should be described in the minutes. For example, one half of the current members must be present for a vote to be taken and two-thirds of those present must vote for a motion in order to approve the motion.
- **Committees** - The names of any standing committees or subcommittees and a brief description of their functions and membership should be known to members.

Part Three: Developing and Sustaining School Wellness Committees

The majority of a School Wellness Committee's work is completed during meetings. Therefore, it is essential that meetings are effective. To ensure that meetings are well organized and goal-directed, the following factors should be given consideration.

Regular meeting schedule. An annual calendar of dates, times and locations for regular meetings should be established. It is helpful if there is a pattern to meeting dates, such as every three months. Some School wellness committees meet in the schools to help members become more familiar with the school environment. Any responsibility for food costs and transportation should be made clear at the beginning of the year. Limit the duration of meetings to 2 hours to optimize productivity. Robert's Rules of Order or some equivalent may be used to govern the conduct of each meeting.

Agenda. Members should receive a tentative agenda with a request for suggested agenda topics approximately one to two weeks before a meeting. Suggestions should be returned at least one week in advance of the meeting for incorporation into the agenda. Members should easily understand the agenda, and action items should be designated separately from information items and discussion only items. Minutes of the previous meeting should accompany the draft agenda. Here is an example of how an agenda could be structured: 15 minutes for welcome, opening remarks and introductions, 5 minutes for review and acceptance of minutes from last meeting, 15 minutes for report from school personnel on programs and activities, 30 minutes for discussion of future projects, 15 minutes for reviewing and voting on action items, 15 minutes for presentation of items to be voted on at next meeting, and 15 minutes for review of meeting and setting next agenda. The agenda should allow time for new items to be introduced.

Minutes. Minutes should be kept by assigned staff member and mailed to members within 3 weeks.

Communication. In order to communicate regarding activities and for notification surrounding inclement weather, information can be placed on the district's web page. In the event that a district does not have a web page, a phone tree can be established for information sharing along with a central phone number.

Punctuality. Meetings should start and end on time. Waiting for others before starting a meeting or allowing discussion to drift past a specific time will enable the continuation of these behaviors.

Environment and atmosphere. The meeting should be held in a physically comfortable room with seating that allows members to easily see and hear each other. U-shaped or semi-circular seating arrangements work well. All members should be involved in discussions and positively acknowledged for their contributions. Periodically, discussion should be summarized for the group. A member should be designated to keep a written record of discussion topics, major ideas and decisions.

Follow-up. Members should have clearly defined roles and responsibilities. All tasks requiring follow-up or completion should be assigned to a committee member before moving on to a new topic. Time should be allocated at the end of the meeting to determine the tentative agenda for the next meeting.

Other suggestions. Each meeting should add to the members' understanding of school health.

Part Four: Tools to Support School Wellness Committees

This section contains tools that you will find useful in developing a school wellness committee. These tools include:

- Sample Invitation Letter
- Membership Grid
- Sample Agenda
- Conflict Resolution



"Leaders establish the vision for the future and set the strategy for getting there; they cause change. They motivate and inspire others to go in the right direction and they, along with everyone else, sacrifice to get there." John Kotter, Chief Innovation Officer, Kotter International

Sample Invitation Letter

Dear Community Partner:

The _____ School District, under Act 1220 of 2003, [is forming] [has formed] a school district wellness committee that includes the following members:

1. Parents* (i.e. of a school age child, medically fragile child, special needs, PTA Representative).
2. Students* (i.e. Middle School, Junior High School, High School).
3. Health* (i.e. Physicians, Dentistry, Mental Health, Public Health, Registered Dietitian, Other Health Professions).
4. Community* (i.e. Civic Groups, Cooperative Service Extension, Religious Groups, Human Services, Youth Services).
5. Education (i.e. School Nurse, Health Teacher, Other Teacher, School Board Member*, School Administrator*, School Counselor, Food Service Worker*, PE Teacher, Teacher organizations). These representatives could also include certified and non-certified staff such as transportation, custodians, etc.
6. Other (i.e. Business, Government Officials, Media, Attorneys, Law enforcement officials, Recreation professionals, and interested citizens).

**required members*

The committee's charge is to help raise awareness of the importance of nutrition and physical activity; to assist in the development of local policies and to help schools meet state standards in nutrition and physical activity. Act 1220 also requires that every school district begin implementation of standards developed by the Child Health Advisory Committee and requires that goals and objectives for nutrition and physical activity be incorporated into the annual school planning and reporting process.

We would appreciate your service on this committee. We are targeting a cross-section of the community to get broad representation. Our meeting is scheduled for _____ at ____ p.m. We will be meeting in room ____ at _____.

We look forward to working with you on important issues that affect our schools and ultimately, our students!

Sincerely,

Superintendent, Principal or Wellness Committee Chairperson (for Larger Districts)

Sample Membership Grid

* Members are Required	School Age Child	Medically Fragile Child	Special Education Child	PTA Representative	Middle School	Junior High School	High School	Physician	Registered Dietitian	Dentistry	Mental Health	Public Health	Other Health Professions	Civic Group	Cooperative Extension	Religious Group	Human Services	Youth Services	School Nurse	School Board Member	Health Teacher	Other Teacher (PE, etc.)	School Administrator	School Counselor	Food Service	Business	Government Officials	Other Professionals (e.g. media, attorney, law enforcement, etc.)
	PARENT*				STUDENT*			HEALTH*						COMMUNITY*					EDUCATION						OTHER			
	John Smith, Co-Chair																											

Sample Agenda

Name of School Wellness Committee

Location

Date

Time

Welcome (school leader)

Opening remarks (superintendent or chairperson)

Introductions (all)

(Your name, who you represent, and why you chose to attend this meeting)

Review and Acceptance of Minutes from Last Meeting (school leader)

Reports from School Personnel on Programs and Activities

Discussion and Review of Action Items

Overview of school wellness committees (school leader)

What are they?

What do they do?

Who can be a member?

Why should this committee exist?

What can a committee do for parents? (PTO representative)

What can a committee do for our community? (community leader)

What are we asking you to do? (school leader)

Presentation of Action Items (school leader)

Feedback- Tell us what you think

What three points would you like to make?

What have you heard that squares with your beliefs?

What one step are you going to take as a result of attending this meeting?

Next steps (school leader)

What more information do you need?

What should we do about establishing a committee?

Review of Meeting

Adjourn (superintendent)

Next Meeting Date, Time and Location:

Conflict Resolutions

As a committee, it is imperative that strategies are developed address issues early. Some problems can be addressed by members without involving outside individuals or groups. However, some problems may be serious enough to conduct a special meeting for the people raising concerns. Listed below is a conflict resolution process to help resolve these conflicts.

- 1. Be prepared.** Anticipate possible objections from both inside and outside your committee. Identify those concerns that may lead to resistance to change.
- 2. Revisit the vision and the ground rules developed by the committee.** Focus on the needs of children and the benefits of the action plan to meet those needs.
- 3. Decide who will facilitate the process for resolving the conflict.** If the committee chair or a member cannot help resolve the conflict, ask a third-party facilitator or mediator to help resolve the conflict.
- 4. Explore and legitimize concerns.** Ask individuals or groups to share their concerns and objections. Get them out on the table. Acknowledge that concerns are realistic and that their ideas will be discussed. Designate someone to take notes (shows serious interest).
- 5. Avoid personalizing the conflict.** Some people view conflict as a threat to long-held beliefs. Do not minimize others' concerns or attack their points of view.
- 6. Make sure everyone is heard.** Limit the time of those who talk and invite the participation of those who do not. (Tip: During meetings give each participant the same amount of tokens. When they have used all of their tokens, they may not speak again.)
- 7. Respond actively.** Let people know you are listening by recapping, paraphrasing, and summarizing. Demonstrate a willingness to follow up and pursue issues. Set up a committee to study the concerns and come up with solutions.
- 8. Get closure.** Summarize concerns and the steps needed to address them. Restate the agreed upon course of action, and ask the group whether the notes are accurate. Determine what needs to be done next.
- 9. Don't burn bridges.** Remember, most of those involved are members of the same community.

Everyone must continue working together during and after the conflict. Create rituals for healing and forgiveness. Remember to use humor.

Part Five: Additional Resources

Hometown Health Improvement

Vision Statement

Empowered local communities taking ownership of health problems and working to identify and implement solutions that improve the health of the citizens.

Mission Statement

Provide leadership, guidance, and technical assistance to the local HHI leader to develop Hometown Health Improvement Initiatives that are locally owned and controlled and are working to improve the health of the citizens. Provide Hometown Health Improvement leadership in the region.

The health of the community is a shared responsibility of many entities. Hometown Health Improvement brings together a wide range of people and organizations including consumers, business leaders, health care providers, elected officials, religious leaders, and educators to identify community health problems and develop and implement ways to solve them.

Hometown Health Improvement is a locally owned and locally controlled initiative that stresses:

- collaboration,
- coalition building,
- community health assessment,
- prioritization of health issues, and
- the development and implementation of strategies that are locally designed and sustained.



Hometown Health Improvement initiatives currently exist in every county around the state. HHI coalitions do powerful and unique work to improve the health of those in their communities. Once the coalition is established, many communities are choosing to conduct health behavior surveys to gain important information specific to their communities. Many coalitions are now implementing activities to affect the health of the community. Examples of some activities include: tobacco cessation programs for adolescents, household hazardous waste round-up, parenting support groups, local industry wellness programs, health fairs, and health resource guides. Other benefits arising from this partnership include improving the health and quality of life in communities, reducing preventable illness and injury, coordinating community health services more effectively, and using available health care resources more efficiently. Community members are participating in training sessions on community assessment, coalition building, and creating partnerships that work. From sponsoring community health assessments to developing county specific intervention and prevention programs, community members in partnership with Department of Health Hometown Health Improvement continue to build healthier communities.

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Andi Ridgway - MS, RD, LD, CDE HHI Branch Chief	Center for Local Public Health 4815 W. Markham, Slot 22 Little Rock, AR 72203-1437	O: 501-280-4561 Fax: 501-661-2545 Cell: 501-425-3376
Sherry Johnson - MBA, CPM HHI Section Chief	Center for Local Public Health 4815 W. Markham, Slot 22 Little Rock, AR 72203-1437	O: 501-661-2585 Fax: 501-661-2545 Cell: 501-218-5763

[Hometown Health Improvement website](#)

Part Five: Additional Resources

Community Health Nurse Specialists/Community Health Promotion Specialists (CHNS/CHPS)

The Arkansas Department of Health (ADH) continues to work collaboratively with the Arkansas Department of Education to broaden the reach of students and build community partnerships statewide through Hometown Health Improvement. Community Health Nurse Specialists (CHNS) are located in Educational Cooperatives across the state. One is housed with the ADH Central Region office, since there is no Educational Cooperative for the Central Arkansas counties. The CHNS serve as resources to all school districts, school nurses, and teachers and work with each Educational Cooperative along with corresponding school districts on health issues.

ADH is also working with schools and communities to see that school wellness committees are developed in accordance with Act 1220 in order to improve the school's nutrition, physical activity and health environment policies and programs. With current funding, Community Health Promotion Specialists (CHPS) are strategically located throughout the state. The CHPS provide technical assistance to schools in developing these committees, in conducting the *School Health Index* assessment, and in developing strategies to improve the school's nutrition, physical activity and health environment policies and programs. They also provide technical assistance to schools to support healthy nutrition in schools and to improve physical activity and increased opportunities for children and faculty to be physically active.

Community Health Nurse Specialists

Name	Address	Phone
North CHNS Supervisor <u>Marilyn Cone</u> , RN, ADN	White County Health Dept 306 Gum Street Beebe, AR 72012	O: 501-882-5128 Cell: 501-253-7298
South CHNS Supervisor <u>Kimberly Hooks</u> , RN, BSN, MPH	Cleveland County Health Unit P O Box 446 409 East Magnolia Street Rison, AR 71656	O: 870-325-6311 Cell: 870-370-3518
State School Nurse Consultant <u>Paula Smith</u> , RNP, MNSc	Coordinated School Health 2020 W. 3rd St., Suite 320 Little Rock AR, 72205	O: 501-683-3600
Central <u>Cynthia Wilborn</u> , DNP, APN-BC	Central Region - ADH 5800 West 10th, Suite 907 Little Rock AR, 72204	O: 501-280-4950
Northeast <u>Cindy Schaefering</u> , RN, ADN	Northcentral Ed Service Center P.O. Box 739, 99 Haley St Melbourne AR, 72556	O: 870-368-7955

Name	Address	Phone
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Southwest <u>Rhonda McDonald</u> , RN, BSN	South Central Service Coop 400 Maul Road Camden AR, 71701	O: 870-836-2213
Southwest <u>Edith Greenwood</u> , RN, BSN	Southwest Arkansas Ed Coop 500 South Spruce Hope AR, 71801	O: 870-777-3076



Community Health Promotion Specialists

Name	Address	Phone
Central Anna Haver , MCHES	Central Region - ADH 2800 Willow Street North Little Rock AR, 72114	O: 501-791-8551
Northeast Jennifer Lynch , BS, FACS, HE	Crowley's Ridge Education Coop 1606 Pine Grove Lane Harrisburg, AR 72432	O: 870-578-5426, ext 278
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Part Five: Additional Resources

Resource Hyperlinks

- [U.S. Census Quickfacts](#)
- [America's Health Rankings](#)
- [CDC's Interactive Atlas of Heart Disease and Stroke](#)
- [Community Health Status Indicators \(CHSI\)](#)
- [Community Commons](#)
- [County Health Facts Brochures](#)
- [County Health Facts Maps](#)
- [County Health Profile Data](#)
- [The Behavioral Risk Factor Surveillance Survey \(BRFSS\) County Estimates](#)
- [The Behavioral Risk Factor Surveillance Survey \(BRFSS\) County Maps](#)
- [County Adult Health Survey \(CAHS\) / County Youth Health Survey \(CYHS\)](#)
- [Arkansas Prevention Needs Assessment Survey \(APNA\)](#)
- [County Health Rankings](#)
- [Public Health in Arkansas' Communities Search \(PHACS\)](#)
- [Aspire Arkansas Community Indicators Report](#)
- [Arkansas School Health Index](#)
- [2011-2012 School Nurse Survey. Arkansas](#)
- [Arkansas Center for Health Improvement: AR BMI Reports \(School, District and State\)](#)
- [Arkansas Department of Education: Child Nutrition Unit](#)
- [Action for Healthy Kids](#)

Additional Resources for Specific Data Needs

- [Arkansas Department of Health, Health Statistics Branch Query System](#)
- [Arkansas Cancer Query System](#)
- [The Behavioral Risk Factor Surveillance Survey \(BRFSS\)](#)
- [Youth Risk Behavior Survey: Arkansas](#)

Part Five: Additional Resources

Supplemental Resources and Links

Arkansas Child Health Advisory Committee

The Child Health Advisory Committee is charged with developing statewide science-based nutrition and physical activity standards and policy recommendations for public schools. These recommendations are provided to the Arkansas Board of Education and Arkansas Board of Health for review, adoption and implementation. The Child Health Advisory Committee's recommendations have included improvements to enhance healthy snack foods and beverages that are sold in schools, physical education and activity, continuing professional development for food service staff. The committee is also charged with making recommendations concerning the implementation of Coordinated School Health to the Arkansas Department of Education. The committee meets monthly and continues to review the science and make recommendations concerning a healthy school environment.

AR Child Health Advisory Committee

- American Academy of Pediatrics – Arkansas Chapter
- American Cancer Society—Arkansas Division
- American Heart Association
- Arkansas Advocates for Children & Families
- Arkansas Association for Health Physical Education, Recreation & Dance
- Arkansas Association for Supervision and Curriculum Development
- Arkansas Association of Education Administrators
- Arkansas Association of School Business Officials
- Arkansas Center for Health Improvement
- Arkansas Chapter of American Academy of Family Physicians
- Arkansas Department of Education
- Arkansas Department of Health
- Arkansas Academy of Nutrition and Dietetics
- Arkansas Parent Teacher Association
- Arkansas School Boards Association
- Arkansas School Nutrition Association
- Arkansas School Nurse Association
- Classroom Teacher
- UAMS Fay W. Boozman College of Public Health
- Office of Minority Health and Health Disparities
- University of Arkansas Division of Agriculture Cooperative Extension Service



Part Five: Additional Resources

Supplemental Resources and Links

National Center for Chronic Disease Prevention and Health Promotion - Nutrition and Physical Activity

CDC's Division of Nutrition and Physical Activity (DNPA) takes a public health approach to address the role of nutrition and physical activity in improving the public's health and preventing and controlling chronic diseases. The scope of DNPA activities includes epidemiological and behavioral research, surveillance, training and education, intervention development, health promotion and leadership, policy and environmental change, communication and social marketing, and partnership development.

<http://www.cdc.gov/nccdphp/dnpa/index.htm>

National Center for Chronic Disease Prevention and Health Promotion- Adolescent & School Health

The Division of Adolescent and School Health (DASH) seeks to prevent the most serious health risk behaviors among children, adolescents and young adults. To accomplish this mission DASH implements four components.

<http://www.cdc.gov/nccdphp/dash/index.htm>

Census 2000 Data for the State of Arkansas <http://www.census.gov/census2000/states/ar.html>

IEA State Census Data Center <http://www.aiea.ualr.edu/census/default.html>

KIDS COUNT County-City-Community Level Information on Kids (CLIK)

CLIK is a powerful new online database that brings together data collected and published by our KIDS COUNT grantee partners. <http://www.aecf.org/kidscount/>

Arkansas Prevention Needs Assessment Survey

The survey was sponsored by: Office of Alcohol and Drug Abuse Prevention. Division of Behavioral Health Services, Arkansas Department of Human Services. Data assessment and analysis done by: International Survey Associates, LLC, dba Pride Surveys (800-279-6361) <http://www.arkansas.pridesurveys.com/>

School Health Policies and Programs Study

The School Health Policies and Programs Study (SHPPS) is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels.

<http://www.cdc.gov/nccdphp/dash/shpps/>

The Alliance for a Healthier Generation

The Alliance for a Healthier Generation- Healthy Schools Program provides resources and assistance to schools at no-cost. As a teacher or school employee, you are on location and can make major change for the health of your school. You can make healthy eating and physical activity the norm around campus with help from fellow school staff and the policy and systems in place in your school and district. <http://www.healthiergeneration.org>

Tobacco Settlement Proceeds Act of 2000

- 5% of Master Tobacco Settlement funds are disbursed to the Arkansas Department of Health and Arkansas Department of Education for staff support and program initiatives, with a portion of those funds supporting Act 1220 activities and staff.
- All Funds should be used to improve and optimize the health of all Arkansans.
- Funds should be spent on long-term investments that improve the health of all Arkansans
- Future tobacco-related illness and health care costs in Arkansas should be minimized through this opportunity.
- Funds should be invested in solutions that work effectively and efficiently in Arkansas.

Source: http://www.achi.net/current_initiatives/tobacco_history.asp



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